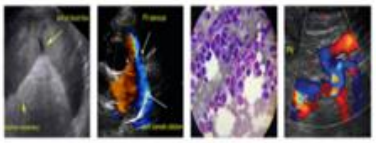
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Lukie Thornton

SPECIES
Feline

BREED
Ocicat

SEX
Male Neutered

AGE
3 years

WEIGHT
11.31lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29445

DATE
3/7/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mitral valve dysplasia, severe LAE, history CHF. Presently, Lukie is doing well - good appetite and normal activity. No V/D but does have some occasional C/S and is PU/PD. On exam: NSR, grade IV/VI parasternal murmur, PSS, lung fields clear, moderately compressible thorax, mm pink, moist, CRT<2. BP: 100-110 mmHg. Current medications: 1) Aluminum hydroxide 100mg/ml 1 ml twice a day 2) Plavix/clopidogrel 75mg 1/4 tab daily 3) Spironolactone 25mg 1/4 tab daily 4) Torsemide 5mg 1/4 tab daily 5) Atenolol 25mg 1/4 tab daily 6) Potassium gluconate 2mEq 2 tsp am, 1 tsp pm *Sedated with propofol for exam.
-Pertinent previous echo findings (9/20/22 MML): LA 2.4 cm; LA:Ao 2.4; LV 1.86; IVS 0.49 cm; PW 0.72 cm, highly variable LV wall thicknesses with significantly hypertrophied free wall, severe LAE with spontaneous contrast, thickened, elongated MV with SAM.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are highly asymmetric with thinning of the IVS contrasting a significantly hypertrophied free wall. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly hypertrophied and hyperechoic. The endocardium appears remodeled.
Left atrium: The left atrium is markedly enlarged. Significant smoke seen within the left atrial body and left auricle.
Mitral valve: The anterior leaflet of the mitral valve is thickened and elongated, consistent with dysplasia. The tip of the mitral valve is visible in the LVOT during systole. Mild eccentric mitral regurgitation is noted.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Aortic outflow velocities are moderately elevated with a dynamic profile. No aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: The right atrium is normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	2.3
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.48
LVID diastole (cm)	1.7
PW thickness (cm)	0.69
LVID systole (cm)	0.92
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	3.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings appear similar. The LA is markedly dilated with significant smoke, although no obvious thrombi are appreciated. The LV morphology

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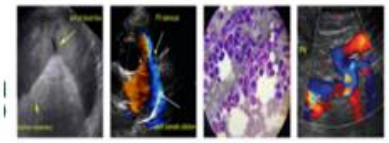

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remains highly irregular, although the overall impression is similar. Systolic function is intact, and no effusions identified.

Given what is seen here, continue all medications as prescribed. It is important to note that this is considered end-stage disease; however, this patient has done quite well for some time. Patient will always be risk for decompensation and/or sudden death.

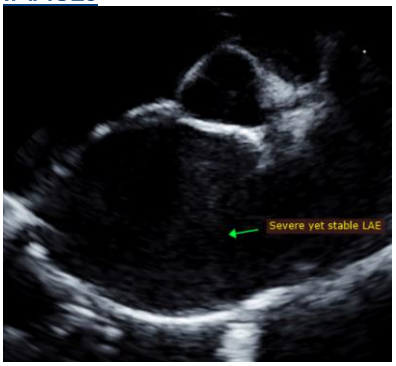
RECOMMENDATIONS

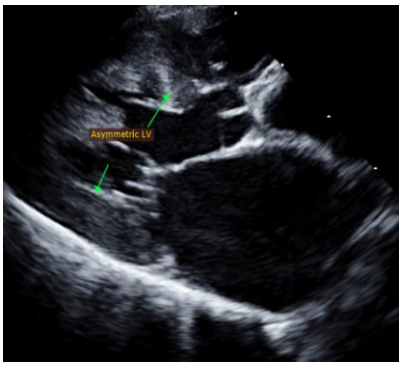
- Continue all medications as prescribed.
- Monitor renal values and BP every 3-4 months.
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

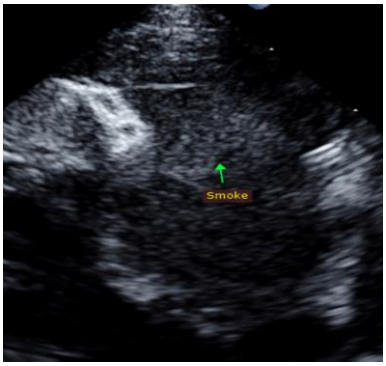
PLAN

- Recommend recheck echocardiogram in 6-12 months to screen for progression, sooner if clinical signs arise in the interim.

IMAGES







The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)